Volunteer Application

Last Name:	First Name:	Middle Initial:

Home Address:		

City:	State:	Zip Code:

Home Phone:	Cell Phone:	Email address:

Employer:	Title:

Work Address:

City:	State:	Zip Code:

Work Phone:	Work Fax:	Work Email Address:

Medical Volunteer: ☐ Yes ☐ No

If Medical Volunteer, please check discipline:	**License Type:**
☐ Doctor ☐ Nurse Practitioner	**License Number:**
☐ Nurse ☐ Pharmacist	**Expiration Date:**
☐ EMT ☐ Dentist	**Medical Specialty:**
☐ Veterinarian ☐ Mental Health	**Hospital Privileges:**
☐ Other	**Do you have RX Authority?** ☐ Yes ☐ No
	DEA Number?

Support Volunteer: ☐ Yes ☐ No	**Area of specialty:**
Valid AL Driver's License? ☐ Yes ☐ No	**Languages Spoken:**

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No
If yes, please explain:

A criminal background check may be required of some volunteers:
Yes, I agree that a background check may be performed.   Last four digits of SSN: __ __ __ __   DOB: ____/____/____

Print Name:	Date:
Signature:	Date:

Privacy Act Statement

This information is requested by the Alabama Department of Public Health for the purpose of organizing volunteers and staff to respond to public health emergencies. It will not be utilized or released for any other purpose without your express written permission unless required by law.

For any questions, please contact Jenny Kilpatrick at 251-947-1628 (work) or 251-284-4369 (cell).

You may submit your application in one of the following ways:
Email: *Jenny.Kilpatrick@adph.state.al.us*
Mail: Baldwin County Health Department
*   22251 Palmer St., Robertsdale, AL 36567*
Fax: 251-947-3236